

2004-05 flu vaccine shortage

The loss of half of the nation's flu vaccine in October, due to manufacturing concerns at a Chiron facility in England, resulted in an exceptional flu season in 2004-05. Depending on where they placed their flu vaccine orders, health care providers and health departments received anywhere from zero to 100 percent of their original flu vaccine order.

Aventis Pasteur, the remaining sole producer of the flu vaccine for the 2004-2005 season, stepped up to the plate and worked with the Centers for Disease Control and Prevention to distribute and re-distribute equitable amounts to areas of the country where vaccine was needed.

The CDC recommended that healthy people under the age of 65 forego the flu shot for the 2004-05 season. By doing so, it was hoped that the available vaccine would go to the high-risk individuals, resulting in fewer hospitalizations and deaths. The following were considered priority groups:

- All children age 6-23 months
- Adults age ≥ 65 years
- Persons aged 2-64 years with underlying chronic medical conditions
- All women who would be pregnant during the influenza season
- Residents of nursing homes and long-term care facilities
- Children age 2-18 on chronic aspirin therapy
- Healthcare workers involved in direct patient care (added later in the season)
- Out-of-home caregivers and household contacts of children aged < 6 months (added later in the season)
- People over age 50 (added later in the season)

Live attenuated influenza vaccine (LAIV), or Flu Mist, was encouraged for healthy people age 5-49 year old.

Although vaccination is the best protection against influenza, other practical steps to help prevent the spread of flu were encouraged:

- Avoid close contact with people who were sick
- Keep a distance from others if you were sick

- Stay home from work or school when sick
- Cover the mouth and nose when coughing or sneezing and throw away used tissues
- Wash hands often

As the season progressed and more shipments of flu vaccine were redistributed, some areas of the country were unable to use up the vaccine following the high-risk criteria provided the CDC. After January 3, the CDC loosened its restrictions to age 50 and above and anyone who lives with or is an out-of-home care giver to the high-risk individuals. Here at Panhandle Health District, we gave more than 9,000 flu shots to high-risk people who live within the five-county region of our district. This compares to 10,000 flu shots given in the 2003-2004 season to any individual who wanted the flu vaccine. Other providers in the communities also gave flu shots. We believe the communities in District One were as well protected as possible, considering the nation's shortage.

Pandemic flu concerns arise

Influenza, Avian Influenza, and Pandemic Influenza ... Ready or Not, Here They Come

Each year, millions of Americans become ill, 200,000 are hospitalized, and approximately 36,000 die because of influenza and its associated complications. The "flu" is an acute viral disease of the respiratory tract characterized by fever, dry cough, sore throat, myalgias, headache and prostration. Although there are three types of flu (A, B, and C), most illness and death are caused by type A. Each year, the surface antigens of influenza A drift a bit creating new variants for which the population has limited immunity. Occasionally, about once every 10 to 40 years, the antigens will undergo a major change, or shift, which leads to a pandemic because very few people, if any, will have immunity to this new virus

subtype. There were three influenza pandemics in the twentieth century (1918, 1957 and 1968) and most experts agree that we are overdue for the next one.

Currently, there is concern about avian or “bird” flu, so-called because wild birds are the natural hosts of the virus. Influenza A (H5N1) transmission from birds to humans was first documented in 1997 during an outbreak of avian influenza among poultry in Hong Kong. More recently, there have been increasing numbers of bird-to-human transmissions in Vietnam, Cambodia and Thailand. As of mid-February, 55 confirmed cases with 42 deaths (76% mortality rate) had been reported. The World Health Organization and the Centers for Disease Control and Prevention have expressed concern over the continuing occurrences of human infection and the possibility of genetic reassortment creating a strain that is more easily passed person-to-person.

In a “normal” flu season, we have vaccine to offer to those at greatest risk for complications from the disease, but we saw this season just how fragile that vaccine supply can be. If we experience a novel virus because of antigenic shift or genetic reassortment, there will, in all likelihood, not be any vaccine available effective against the new strain. In the absence or ineffectiveness of vaccines, we have antivirals specific to influenza, but these too have an Achilles heel. The most readily available – the adamantanes – have a documented history of causing viral resistance and have no effect on some strains, most notably H5N1. The neuraminidase inhibitors have effect on most strains, but are less available and take a considerable amount of time to make. Oseltamivir (Tamiflu™) can take as long as 12 months from raw materials to finished product to produce.

So what can we as health care providers do to prepare for what is considered an imminent event? In the mid-80s we had to learn Universal Precautions to protect ourselves and our patients against newly emerging bloodborne pathogens. We began to view every patient as a potential reservoir of incurable infectious diseases and wore gloves, eye protection, masks, and gowns. We overcame the sense of

depersonalizing our care and our patients came to understand, and indeed appreciate, our efforts to protect them.

Stop the spread of germs that make you and others sick!

**Cover
your
Cough**



**Clean
your
Hands**



Our new paradigm is respiratory etiquette – teaching our clients and patients to “cover your cough.” Making sure there are tissues, hand washing supplies, and masks in our waiting rooms for our clients with respiratory symptoms. Encouraging those with colds, flu and other respiratory ailments to stay home from work, school and daycare to help prevent the spread of disease. Wearing masks and eye protection when seeing a patient with respiratory illness. And, last but not least, frequent and adequate hand washing. (Were you able to hum the ABC song all the way through before you were done washing?) This may seem rudimentary, but respiratory ailments like influenza are spread by droplets and direct contact so any break in the chain of infection is enough to slow or stop transmission.

In this age of rapidly advancing technology and newly emerging infectious diseases, it is the low-tech methods that may provide our best means of decreasing morbidity and mortality in our clients.

STD surveillance program

Panhandle Health District monitors the following reportable sexually transmitted diseases: chlamydia, syphilis, gonorrhea and HIV/AIDS. We appreciate the cooperation efforts from our local physicians and practitioners in reporting and treating these diseases.

PHD conducts passive surveillance of these diseases and we rely on you to help us track these numbers in our communities. Through education and treatment of clients and their partners, we hope that, together, we can help reduce the number of people affected in our communities and the devastating effects these can have on our young people's reproductive health.

The Idaho Department of Health and Welfare's STD/AIDS program and Panhandle Health District work to ensure effective treatment for the sexual partners of patients diagnosed with chlamydia and gonorrhea. The gold standard for interrupting the chain of transmission of STDs is to examine, perform diagnostic testing and appropriately treat all sex partners of persons diagnosed with a sexually transmitted disease. Recently, an intervention called "patient delivered partner therapy (PDPT)" has been effective in the treatment of sex partners. Using this method, if the partners are deemed unlikely to access health care themselves, then either a prescription for antibiotics or a regimen of the appropriate antibiotic, and relevant allergy and educational information on the medication is given to the patient to give to her/his sex partner(s).

Although this method has proven effective in California and Washington, we do not have such a law in place in Idaho to allow this at this time. Studies have shown that people receiving expedited partner treatment were significantly more likely to report that all their partners were treated and significantly less likely to report having sex with an untreated partner. The New England Journal of Medicine reports that immediate partner treatment reduced reinfection rates by 24 percent and that those patients whose partners received expedited treatment were less likely to report having sex with an untreated partner. Plans are for this proposal to be in front of the Idaho Legislature in 2006.

Panhandle Health District Reportable Diseases 3-Year Summary

| Disease | 2002 | 2003 | 2004 |
|----------------------|------|------|------|
| Campylobacteriosis | 17 | 13 | 18 |
| Chlamydia | 263 | 324 | 319 |
| E coli 0157:H7 | 2 | 7 | 0 |
| Giardiasis | 18 | 29 | 32 |
| Gonorrhea | 9 | 9 | 12 |
| Hepatitis A | 2 | 1 | 0 |
| Hepatitis B | 14 | 22 | 13 |
| Hepatitis C | 110 | 120 | 126 |
| HIV/AIDS | 9 | 6 | 3 |
| Neisseria Meningitis | 2 | 0 | 1 |
| Pertussis | 34 | 39 | 16 |
| Salmonellosis | 16 | 22 | 16 |
| Shigellosis | 0 | 3 | 0 |
| Syphilis, Latent | 2 | 1 | 3 |
| Syphilis, Primary | 0 | 0 | 0 |
| Syphilis, Secondary | 0 | 0 | 0 |
| Tuberculosis | 3 | 1 | 1 |
| Viral Meningitis | 2 | 33 | 0 |

New Vaccines Available

MENACTRA - Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate vaccine. Offered for protection against meningococcal disease in adolescents and adults aged 11-55 years of age. Manufactured by Sanofi Aventis (formally Aventis Pasteur).

DECAVAC - Tetanus and Diphtheria Toxoids for adult use (Td). Preservative free. Offered through Sanofi Aventis (formally Aventis Pasteur).

Tuberculosis treatment

INH (Isoniazid): The preferred treatment for latent TB Infection

The Centers for Disease Control and Prevention (CDC) recently published a draft of "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005." The guidelines include recommendations for the treatment of latent tuberculosis infection (LTBI):

- Treatment for LTBI is essential to controlling and eliminating TB disease in the United States as it substantially reduces the risk that infection with *M. tuberculosis* will progress to TB disease.
- A decision to test for infection with *M. Tuberculosis* should be based on a commitment to treat LTBI.
- INH, a nine-month treatment regimen, is the preferred treatment for LTBI.
- Persons older than 35 years of age with LTBI should be treated unless a contraindication exists.
- Baseline laboratory monitoring is not routinely indicated in otherwise healthy persons.
- Baseline laboratory monitoring is indicated for persons infected with HIV, pregnant women, women in the immediate postpartum period (usually within three months of delivery), persons with a history of liver disease, persons who use alcohol regularly, and those who have or who are at risk for chronic liver disease.
- Incidence of hepatotoxicity associated with INH therapy is age-related (PDR 2004 Edition, page 764):

- 0 per 1,000 for persons under 20 (0%)
- 3 per 1,000 for persons 20-34 (.3%)
- 12 per 1,000 for persons 35-49 (1.2%)
- 23 per 1,000 for persons 50-64 (2.3%)
- 8 per 1,000 for persons 64 and older (.8%)

Panhandle Health District provides prescribed TB medications at no cost to clients, monitors clients on a monthly basis for side effects to the medication regime, and provides documentation of treatment to clients and their physicians.

Bioterrorism expert to speak April 19

Leading bioterrorism expert Laurie Garrett, a Pulitzer prize-winning journalist, will speak in Coeur d'Alene on

Tuesday, April 19, at 7 p.m. at North Idaho College's Schuler Auditorium.

Garrett is one of the premier authorities on healthcare and disease prevention, and a powerful advocate for a more forceful response to threats to human health.

Drawing on her bestselling books, "The Coming Plague" and

"Betrayal of Trust," Garrett takes the audience on a fascinating journey into the reality of healthcare in the United States, western Europe, Russia and Africa. Audiences leave the

presentation with a deeper appreciation of both the challenges and the opportunities of delivering quality healthcare to the global village.

Garrett is the only person to have won all of the top three awards in American journalism: the Peabody, the Polk (twice) and the Pulitzer. She is a dynamic speaker who incorporates lecture, slides and video for an informative multimedia presentation.

This presentation is free and tailored for healthcare professionals. The public also is welcome to attend. For more information, call (208) 666-2030.



Pertussis: A wily adversary

Our first case of pertussis in 2005 turned out to be a two-month-old baby girl who likely got pertussis from her primary adult caretaker. This little one was born prematurely in early winter. She spent her first Christmas in the hospital with RSV.

By February, this little one was trundled off to the emergency department at KMC twice for coughing spells that included episodes of vomiting. Her coughing became progressively worse and she eventually suffered apneic intervals. She was transferred to Sacred Heart Medical Center in Spokane, where they observed one period of almost eight seconds of asystole.

This child came to the attention of the Epidemiology Service team at the Panhandle Health District when a laboratory reported the PCR-positive pertussis finding.

Where there is one pertussis case, there are usually other sick people around. A case investigation led immediately to six other symptomatic people ranging

in age from toddler to adult, including a 6-year-old. All have now been treated, and several other family members and babysitters have received preventative antibiotics.

Information letters went out to the parents of classmates of the 6-year-old, who had been attending school for two weeks with classic pertussis-like symptoms.

A situation such as this reminds us of two things. First, pertussis is not an old toothless wolf. Pertussis can still be life threatening, even in Idaho in the year 2005. Second, pertussis is highly contagious. One line of smoke is worth following up. One case of pertussis rarely occurs alone.

Our most at-risk group is babies under 1 year of age. And who would think that a loving caretaker might be the taxi for this potentially lethal agent?!

Pertussis remains a wily adversary. And, it remains endemic. Your alertness to its presence, your early diagnosis, treatment and clinical reports to the health district make for a healthier community for all of us.

PHD recruits volunteers for Medical Reserve Corps

The Medical Reserve Corps (MRC) is a region-wide volunteer organization comprised of medical professionals and others who will support community first responders in the event of a mass emergency or public health crises, such as influenza epidemic, public health emergency or an act of terrorism.

Volunteers being sought include:

- Licensed medical professionals
- Non-licensed volunteers with medical background

Medical Reserve Corps volunteers will have access to training opportunities with the possibility of CEUs.

For more information, call the Public Health Preparedness division of PHD at (208) 415-5180.



Panhandle Health District would like to thank and welcome those providers that are part of the IRIS (Immunization Reminder Information System). Eighty percent of the VFC providers in District 1 are enrolled in this program. IRIS can help your practice by providing immediate and complete records of new and existing patients. The information system encompasses several useful and beneficial elements. It decreases the amount of time and effort spent in retrieving immunization records; avoids missed opportunities of needed vaccines; reduces duplication of effort from provider to provider; and allows generation of reminder cards for patients. If you are not enrolled and would like to find out more about IRIS, please call the IRIS coordinator, Mareva Kammeyer at 415-5246.

**Your reports make our
surveillance work**

For ease of reporting, Panhandle Health District has developed a centralized report system. **One number gets you there**, from any county.

**Call or Fax
Panhandle Health District's
Public Health Reportable Disease Hotline
(The PHRD or "FRED" Hotline)**

FRED by phone:
666-9269
toll free:
(866) 716-2591.



This is a confidential
and dedicated phone
line that records your report.

FRED by fax:
666-9661
toll free:
(866) 716-2599.



PHD Epidemiology Services
**Endeavoring to protect the health of
the people of North Idaho through:**

- **surveillance**
- **identification**
- **prevention**
- **mitigation of infectious
disease**

HAN

The Idaho Health Alert Network

The Idaho Health Alert Network (HAN) is an automated, web-based system designed to rapidly deliver time-critical health-related information to designated health partners. When a health threat is identified, the Idaho Department of Health and Welfare (IDHW) sends an email or a fax message to district public health departments. District public health departments pass this information on through email or fax to hospitals, clinics, physicians, and other appropriate health care providers. In addition, Idaho HAN will summarize the event and provide background information and guidelines for public health staff and clinicians.

To register for HAN, go to <http://health.dhw.state.id.us/IDHAN> and select "Register" from the navigation bar. You will be asked to complete a registration form that includes your name, organization, and contact information. Once the registration form is submitted, it will be reviewed and approved by the system or organizational administrator. The minimum system requirements to access HAN from your computer are:

- Microsoft Internet Explorer 5.0 or higher
- JavaScript must be enabled
- Cookies must be enabled

If you have any questions or problems, you can contact the Panhandle Health District HAN organizational administrator at 208-415-5100 and ask for Jeff Lee, or email us at



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